

# CI APPLICANT CO-WORKER EVALUATION FORM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Position: \_\_\_\_\_

Current Unit: \_\_\_\_\_ Contact #: \_\_\_\_\_

Work ethic of applicant: \_\_\_\_\_

\_\_\_\_\_

Amount of supervision required: \_\_\_\_\_

\_\_\_\_\_

Reliability of applicant: \_\_\_\_\_

\_\_\_\_\_

Significant events at work (negative & positive): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall Opinion of applicant (personal and professional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGN AND DATE**